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OMB NO. 0930-0158



LAB ACCESSION NUMBER

		armerine para tropal de Ala	AIRBILL	THE WATER STATE OF THE STATE OF	toreste verva			E40004E1
STEP L. TO BE COMPLETED I	Y COLLECTOR	OR EMPL	OYER REEL	RESENTA	Land Control of the C	SPECIMEN ID		<u>54080451</u>
A. Employer Name, Address, ID No.					B.	MRO Name, Add		l Fax No.
DEPARTMENT NAME / DOT		L				VON STIEFF, 2477 PACHEC	FRED MD	
STREET ADDRESS CITY, STATE, ZIP CODE			Facility N	lumber		CONCORD CA	94520	
PHONE # FAX #			1234	56		(925) 674-8	080 (295)	671-8133
Γ					<u> </u>		T	
C. Donor SSN or Employee I.D. No.:							-	
D. Reason for Test: Pre-Employmen	t 🗌 Random	Reasonable	e Suspicion / Car	use 🔲 F	ost Accide	ent 🔲 Return to	Duty Fo	llow-up
E. Drug Tests to be Performed: TH	C, COC, PCP, OPI, A	AMP 🗌 T	HC, COC Only	☐ Oth	er (specify):		
F. Collection Site Address:							Γ	
						Coll	ector Number	
STEP 24 TO BE COMPLETED B	VENTERVOE							
Read specimen temperature within	The same of the sa	<u> </u>	ecimen Collec	ction:				
between 90° and 100°F? Yes		1 *		Single	Non-	e Pro Ned (Ent	Remark)	Observed (Enter Remark
REMARKS:								
TEP Collector affixes bottle see	al(s) to bottle(s).	Collector da	tes seal(s). I	ono, miti	als al(s	a). Dohor comple	tes STEP 5 o	n Copy 2 (MRO Copy).
STEER 4 (CHAVINION (CUSTIOID) &	INITIATED BY	COLLECT	ORAND C	MIRA VI		ABY RATORY		
certify that the specimen given to me by the divite a specimen given to me by the divite applicable Federal requirements.	onor identified in the ce	ertification sect	ion on Copy 2 of	ais forn was	collecte	ed, sealed and rel	eased to the Deliv	ery Service noted in accordance
vun appucable reaerai requirements. X		Time of Collectio	,	AM PM		ECIMEN BOTT	LE(S) RELE	ASED TO:
Signature of Collector		- Collectio	" , ,	7	l			
						7		
(PRINT) Collector's Name (Fire	st, MI, Last)	- <u> </u>	Pate (Md. Day			Name of Delivery	ice Transfe	rring Specimen to Lab
RECEIVED AT LAB:	······································	A		Prin	ary Speci	men SPECI	ME BOTTI	LE(S) RELEASED TO:
X				Bot	lle Seal Int	tact		55(0) 1122211322 101
Signatur	e of Accessioner	N.		☐ Yes				
(PRINT) Accessioner's Name (Fir	MI, Last)		(D(V)	☐ No, E	inter Rep	wow.		
SUDPS TO PRINCE OF THE COMMENT OF TH			/Day/Yr.) THD HY P			TO VE		
NEGATIVE POSITIV		va M Taboli		CODEINE		АМРНЕТАМІ	NE [ADULTERATED
DILUTE		NE ME ABOL		☐ MOL 4	INE		PHETAMINE	SUBSTITUTED
REJECTED FOR TESTING	PC	rp q		6-A	STYLK	RPHINE		INVALID RESULT
EMARKS:				1				
·		1	***************************************		4			
EST LAB (if different from above): certify that the specimen identified on this form		eceipt, handled	using chain of cu	stody proced	ures, analyz	ed, and reported in a	ccordance with an	plicable Federal requirements.
X		, ,		7	,, .	,,		,
Signature of Certifying Scie		_				ame (First, MI, Last)		Date (Mo./Day/Yr.)
TERSUS SPETTAS PECTALONITES	ieriesteiens (f	T)RY	
		I —	NFIRMED			FIRM - REASON was examined upon	raceint boudled w	sing shain of custody
Laboratory Name						t was examinea upon : th applicable Federal		sing chain of cusiouy
		X -		•			•	
Laboratory Address		<u> </u>	Signature of Certif	ying Scientist		(PRINT) Certifying Sci	entist's Name (First.)	MI. Last) Date (Mo./Day/Yr.)
		L						——————————————————————————————————————
n				_				I
P E			CE.	[ER		54 080451	Date	: (Mo./Day/Yr.)
$ ilde{\mathbf{E}}$		A	\ ST		SP	ECIMEN BOTTLE	2	. • • •
L SPECIMEN II	NO.		Jac. A			SEAL	De	onor's Initials
P	(16) 2:44 , 2:4:114::					P4000454	-	
E		${f B}$	CE T	R)	SPI	54080451 ECIMEN BOTTLE		(Mo./Day/Yr.)
E SPECIMEN II		(SPLIT)			51.	SEAL		
L SPECIMEN II			_	_			Do	onor's Initials